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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonapplications under 37C.F.R. §1.53(b))

## APPLICATION ELEMENTS

*See MPEP chapter 600 concerning utility patent application contents.*

Attorney Docket No.

PC25405A

*First Inventor*

**Michael J. Munchhof**

*Title*

NOVEL PYRAZOLE COMPOUNDS AS  
TRANSFORMING GROWTH FACTOR (TGF)  
INHIBITORS

Express Mail Label No.

EV 301907086 US

ADDRESS TO:

**Mail Stop Patent Application**  
**Commissioner for Patents**  
**Box 1450**  
**Alexandria, VA 22313-1450**

- |   |  |
|---|--|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., <i>PTO/SB/17</i>)<br/>(Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status<br/>See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>54</u>]<br/>(preferred arrangement set forth below)</p> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (<i>if filed</i>)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> <p>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets _____]</p> <p>5. <input type="checkbox"/> Oath or Declaration [Total pages _____]</p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Newly executed (original or copy)</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d))<br/>(for continuation/divisional with Box 18 completed)</p> <p style="margin-left: 40px;">i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>)</p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Copy (CRF)</p> <p style="margin-left: 20px;">b. Specification Sequence Listing on:</p> <p style="margin-left: 40px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies)</p> <p style="margin-left: 40px;">ii. <input type="checkbox"/> Paper</p> <p style="margin-left: 20px;">c. <input type="checkbox"/> Statement verifying identity of above copies</p> |
| <b>ACCOMPANYING APPLICATION PARTS</b>   |  |
| <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement [ <input type="checkbox"/> Power of Attorney<br/>(when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [ <input type="checkbox"/> Copies of IDS Citations]</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/>(Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/>(if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other:</p>  |  |

## ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☒ *Customer Number* 28523 *or* ☐ *Correspondence address below*

<b>Name</b>					
<b>Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>C untrv</b>		<b>Telephone</b>		<b>Fax</b>	

<b>NAME (Print/type)</b>	Christine S. Lee	<b>Registration No. (Attorney/Agent)</b>	42,788
<b>Signature</b>	<i>Christine S. Lee</i>	<b>Date</b>	09/17/2003

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*Effective 01/01/2003. Patent fees are subject to annual revision.*

☐ Applicant claims small status. See 37 CFR 1.27

<b>Total Amount of Payment</b>	(\$) <b>750.00</b>
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**METHOD OF PAYMENT** (check all that apply)

**METHOD OF PAYMENT** (check all that apply)  
☐ Check ☐ Credit Card ☐ Money Order ☐ Cash

☐ Check   ☐ Credit Card   ☐ Money Order   ☐ Other   ☐ None☒ **Deposit Account:**

Deposit  
Account  
Number  
Deposit  
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**16-1445**

Pfizer Inc

**The Director is authorized to: (check all that apply)**

☒ Charge fee(s) indicated below      ☒ Credit any overpayments☐ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Fee</u>	<u>Fee</u>	<u>Fee</u>	<u>Fee</u>		
<u>Code</u>	<u>(\$)</u>	<u>Code</u>	<u>(\$)</u>		
1001	750	2001	375	Utility filing fee	750
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissure filing fee	
1005	160	2005	80	filing fee	

<b>Subtotal (1)</b>	<b>\$ 750</b>
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## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

			Extra Claims		Fee from below	Fee Paid
<b>Total Claims</b>	<input type="text" value="12"/>	- 20 =	<input type="text"/>	x	<input type="text"/>	= <input type="text"/>
Independent Claims	<input type="text" value="1"/>	- 3 =	<input type="text"/>	x	<input type="text"/>	= <input type="text"/>
Multiple Dependent					<input type="text"/>	= <input type="text"/>

<u>Large Entity</u>		<u>Small Entity</u>		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue independent claims over original patent

SUBTOTAL (2)  (\$)

## SUBMITTED BY

Name (Printed/Type)	Christine S. Lee
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Registration No. (Attorney Agent)	42,788
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<b>Telephone</b>	(860)686-2144
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Signature	Christy - Oles
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Date	09/17/2003
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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 137 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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